



# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this 21 day of June, 2021  
Document # \_\_\_\_\_  
Fee Paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council Rep ☐ \_\_\_\_\_ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Allison Tangen

Mailing Address: 1012 18<sup>th</sup> Ave S Great Falls 59405  
Street or PO Box City Zip

Residence Address: Same \_\_\_\_\_  
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 208-421-4500 Work Phone: \_\_\_\_\_

Email Address: allison.tangen@lure.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID.

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Allison Tangen  
Signature of Candidate

6/21/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 21<sup>st</sup> day of June, 2021 by Allison Tangen  
Printed Name of Candidate

**Where to file for Federal, Statewide, State District and Legislative offices:**

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

**Where to file for County, City and most Local District offices:**

County Election Office  
A list of county election offices may be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)



MARIE ELLEN JOHNSON  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls,  
Montana  
My Commission Expires  
February 21, 2023

Marie Ellen Johnson  
Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_





# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this 18 day of June, 2011  
Document # \_\_\_\_\_  
Fee Paid: ☒ cash ☐ check ☐ credit  
By: [Signature]  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #6 ☐ Name of Political Party ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable

Candidate Name (printed exactly as it should appear on the ballot): Richard Cornellier

Mailing Address: 108 13th Ave S. Great Falls 59405  
Street or PO Box City Zip

Residence Address: 108 13th Ave S. Great Falls 59405  
Street City Zip

County of Residence: Cascade Home/Mobile Phone: (406) 799-1706 Work Phone: \_\_\_\_\_

Email Address: ontheedge28@gmail.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

[Signature]  
Signature of Candidate

6/18/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 18th day of June, 2011 by Richard Cornellier  
Printed Name of Candidate

[Signature]  
Signature of Notary or Public Official

Bonnie Fogerty  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, MT

My commission expires: Sept 3, 2021

## Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

## Where to file for County, City and most Local District offices:

County Election Office  
A list of county election offices may be found at [sos.mt.gov/elections](http://sos.mt.gov/elections)



BONNIE FOGERTY  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls, Montana  
My Commission Expires  
September 3, 2021



# Declaration for Nomination and Oath of Candidacy

RECEIVED  
JUN 09 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Document # \_\_\_\_\_

Fee paid: ☐ cash ☐ check ☐ credit

By: \_\_\_\_\_

Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for  
office of:

NC #4

☐ \_\_\_\_\_

OR ☒ Nonpartisan

Full name of office including district and/or department numbers if applicable

Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot):

CARL J DONOVAN

Mailing Address

1509 13th Ave S

City and State

GT Falls, MT

Zip Code

59405

Residence Address

SAME AS ABOVE

City and State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

County of Residence

CASCADE

Contact Phone

(406) 750-2195

Email Address

cjd172@charter.net

Website Address

\_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Residence Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Website Address:

\_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Carl J. Donovan  
Signature of Candidate

6/9/2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

June

20\_\_\_\_

by

Carl J. Donovan  
Printed Name of Candidate

Bonnie Fogerty  
Signature of Notary or Public Official

Bonnie Fogerty  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls MT

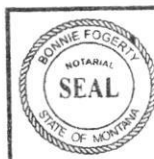
My commission expires: SEP 3, 2021

## Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

## Where to file County, City and most Local District offices:

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BONNIE FOGERTY  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls, Montana  
My Commission Expires  
September 3, 2021

[SEAL/STAMP]



# Declaration for Nomination and Oath of Candidacy

RECEIVED  
APR 30 2021  
FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee Paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for  
office of: NEIGHBORHOOD COUNCIL DISTRICT 6 ☐ \_\_\_\_\_ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): EARL SALLEY  
Mailing Address: 1104 19TH ST S. GREAT FALLS 59405  
Street or PO Box City Zip  
Residence Address: 1104 19TH ST S. GREAT FALLS 59405  
Street City Zip  
County of Residence: CASCADE Home/Mobile Phone: 406-268-1628 Work Phone: \_\_\_\_\_  
Email Address: SALLEY412@AHO.COM Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of CASCADE

Signed and sworn to before me this 29<sup>th</sup> day of APRIL, 2021 by EARL SALLEY  
Printed Name of Candidate

Where to file for Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801

Helena, MT 59620-2801

Online: [sos.mt.gov](http://sos.mt.gov)

By Fax: 406-444-2023

Where to file for County, City and  
most Local District offices:

County Election Office

A list of county election offices may

be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)

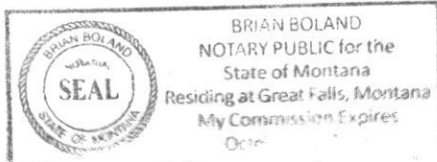
Brian Boland  
Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of MONTANA

Residing at: GREAT FALLS

My commission expires: 10/13, 2021



ISEAL/STAMP





# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this 18 day of June, 2021  
Document # \_\_\_\_\_  
Fee Paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood council L 6 ☐ \_\_\_\_\_ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Harold J. Stuckman  
Mailing Address: 1501 15th Street S. Great Falls MT 59405  
Street or PO Box City Zip

Residence Address: 1501 15th street S. Great Falls MT 59405  
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406-870-0361 Work Phone: 406-455-5125

Email Address: Jstuckman@live.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 0 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Harold Stuckman  
Signature of Candidate

6-16-21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 16 day of June, 2021 by Harold Stuckman

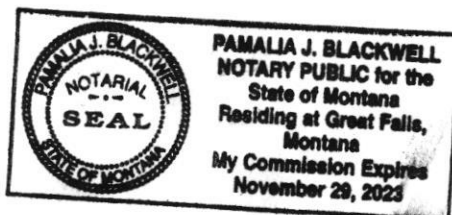
Printed Name of Candidate

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

Where to file for County, City and most Local District offices:

County Election Office  
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Signature of Notary or Public Official

Pamela J Blackwell  
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls

My commission expires: 11/29, 2023

RECEIVED  
JAN 10 1964  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535